

Future Home Care Ltd

Bilton Grange Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bilton Grange Road is a care home that provides accommodation and personal care for one person who has a learning disability and mental health needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The person using the service continued to receive safe care and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support the person safely. The person received their medicines as prescribed. Staff usually followed infection control guidance and had access to personal protective equipment. Issues around cleanliness of the kitchen were addressed following our inspection visit.

The person using the service continued to receive effective care. Staff were supported and had the skills and knowledge to meet the person's needs. The provider followed the principles of the Mental Capacity Act (2005). The person's nutritional needs were met and they accessed health care when needed. The environment met the person's needs but refurbishment was needed of some areas. We were informed this was planned for the coming new year.

The person using the service continued to receive care from staff who were kind and caring. Staff supported and encouraged them to be involved in how decisions were made about their support. Staff respected their privacy, dignity and independence.

The person using the service benefitted from consistently responsive care. Their support needs were assessed and planned with their involvement to ensure they received the support they needed. They were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The culture in the home focused on high-quality, person-centred care. The provider had a complaint process which people were aware of.

Aspects of leadership and management needed improvement. Spot checks and audits were taking place to ensure the quality of the service was maintained but some improvement was needed. The registered manager and provider had not ensured all required notifications had been submitted.

Rating at last inspection:

Rated Good (Report published August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service had improved and was now caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was very responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well-led findings below.

Bilton Grange Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Bilton Grange Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for one person who was often out during the day. We needed to be sure that they would be in.

What we did

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about any deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. We also contacted the local authority who commissioned services from this provider. We used all this information to plan our inspection.

During the inspection we spoke with one person about their views about the support they received. We

spoke with two staff members and the registered manager who was available throughout the inspection. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to medicines, care records and records relating to the management of the service including some audits. We also received feedback from a health care professional and the person's appointed advocate.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Safeguarding systems and processes

- The person living at the home told us they felt safe.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Using medicines safely

- The person living at the home told us that staff gave them their medicine when it was needed.
- Staff received training in how to administer medication safely and their competence was checked by managers.
- We looked at the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed.

Staffing levels

- The person living at the home told there were enough staff to provide assistance when they needed it.
- The staff we spoke with told us there was always enough staff to support people in a safe way. Our observations throughout the day found enough staff available to meet the person's needs in a prompt way.
- Recruitment procedures ensured as far as possible that only staff suited to work at the service were recruited. The provider carried out all the necessary pre-employment checks before a staff member started working at the service.

Learning lessons when things go wrong

- Few incidents had occurred in the service but we found that staff knew how to report these. Where incidents and accidents had occurred, these were being noted appropriately in the person's care records. The registered manager told us how any trends would be monitored to prevent reoccurrences.

Assessing risk, safety monitoring and management

- We found where risks were identified these were being reduced. Risk assessment documentation was in place which showed the actions taken to manage/reduce risks to the person. We identified that improvement was needed to ensure a written risk assessment was completed for the potential risk from uncovered radiators. The registered manager sent us evidence the day after our inspection visit to show this had been rectified.
- Staff could describe people's risks and what they did to support people safely. The person had detailed

support plans which staff could use to ensure they responded consistently when people became anxious.

- Plans were in place to ensure the person living at the home would be supported in the event of a fire or other emergency.

Preventing and controlling infection

- Staff were trained in infection control and provided with personal protective equipment (PPE) to help prevent the spread of infections. We found most areas of the home were clean and tidy. The kitchen needed attention as kitchen cupboards and walls were not always clean. The registered manager sent us evidence the day after our inspection visit to show this had been rectified.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support ensured good outcomes.

Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. Staff confirmed they had received training and understood the principles of the MCA.
- Staff ensured that the person was fully involved in decisions about their care; and knew what they needed to do to make sure they had sufficient information to make a decision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had previously carried out a pre-admission assessment so they could be sure they could support the person how they wanted and be able to meet their needs.
- Plans were made to support the person to achieve outcomes that were important to them.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the provider to deliver effective care and support. Staff we spoke had good knowledge of the person's care needs.
- Staff were provided with a thorough induction, regular supervision, and appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood the importance of a healthy and balanced diet and the person was encouraged to eat more healthily to improve their diet.
- The person living at the home confirmed they were consulted about what they wanted to eat and enjoyed their meals. A menu had been planned with the person but we were informed this only provided a guide, and meals that the person liked or chose could be cooked.

Adapting service, design, decoration to meet people's needs

- The environment met the person's needs but the décor in some areas was starting to look worn and tired. The registered manager was aware of this and told us they were liaising with the landlord of the property

regarding scheduling redecoration.

Supporting people to live healthier lives, access healthcare services and support

- Staff were attentive to the person's health needs and were aware of their specific health conditions.
- The person was supported to see health professionals such as GPs and hospital consultants when they needed to.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The person living at the home confirmed how caring and friendly staff were.
- Our observations showed that staff knew the person well and could identify when they were anxious and needed reassurance.
- Staff that we spoke with described the person they were supporting with enthusiasm and compassion. They told us they enjoyed working with the person.

Supporting people to express their views and be involved in making decisions about their care

- The person living at the home was involved in the care planning process so they were supported how they wanted. Staff respected what the person wanted and responded accordingly in order that they received the right support.

Respecting and promoting people's privacy, dignity and independence

- The person living at the home confirmed that staff respected their privacy and dignity and encouraged them to be independent.
- The person living at the home could be assured that information about them was treated in a confidential way.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Services were tailored to meet the needs of the individual and delivered to ensure flexibility, choice and continuity of care.

How people's needs are met.

Personalised care

- The person living at the home received a support package based on their individual needs and goals. Staff had an excellent understanding of the person's needs and could make suggestions around how they could develop their skills and independence.
- A care plan and assessment was in place to show the support they needed. Reviews took place to ensure where their needs changed, the support they received would reflect this.
- We received very positive feedback from a healthcare professional about the support the person received. They told us the staff team knew them very well and had worked very hard in making the person's home a success. We were informed that at Bilton Grange Road, the person was probably the most stable they had been all of their life. This meant they were able to live a full a life as possible due to the effective management of their needs.
- The person who lived at the home and the staff who worked there were very proud of the progress the person had made since living there. Staff told us they thought the good 'rapport' they had developed with the person had contributed towards this achievement. This had a very positive impact on the person and they were now looking forward to being able to plan a short overnight break away from the home. The person's advocate told us that this was the most settled the person had been. They told us that when things had got difficult staff had been persistent in the support being offered where other providers may have given notice.
- The registered manager told us they believed strongly in supporting the person to gain new skills in order to achieve their potential. The person was supported to work towards achievable short-term and long-term goals. For example, support was being provided by staff in helping the person to find a job and achieve their dream of having a girlfriend.
- The person's opportunities to follow their hobbies and interests were enhanced by a supportive staff team who facilitated and sourced contacts and venues within the local community. The person's advocate told us that they had been on lots of daytrips which in the past would have been very difficult for them to undertake without this support.
- The person was supported to have choice and control over decisions relating to the service. For example, they were involved in the recruitment of new staff.
- Information was presented in an accessible format, to meet the person's needs. The service met requirements of the Accessible Information Standard 2016 (AIS). The AIS is a legal requirement for health and social care services to ensure information about people's care is provided to them in their preferred and accessible format. We saw that the person's care plans were discussed with them and that information was

available in easy read and pictorial formats where needed.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible and available in formats to meet people's needs. There had been no complaints received since our last inspection. The person using the service and staff described feeling confident about raising concerns. The person told us that they were very happy at the home and could not think of anything that needed to be improved.

End of life care and support

- The person had been given the opportunity to be involved in making decisions about any future end of life care that may be needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Aspects of leadership and management needed improvement.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had not ensured we had been notified of all incidents as required. The registered manager understood the legal requirements to notify CQC of all incidents of concern, death and safeguarding alerts. We did, however, identify that the registered manager was not aware of the requirement to notify us of the outcome of DoLS applications. Following our inspection visit they ensured the required notification was submitted. The delay in submitting this had not had any negative impact on the person.
- The registered manager carried out spot checks on staff and audits on the service. These had usually been effective in identifying any quality performance issues. However, improvement was needed as the audits in place had not identified on-going issues with the cleanliness of the kitchen. The registered manager provided evidence that a detailed audit of the service was already scheduled to take place in January 2019. This will help to ensure the person's needs are being met and that the service complied with the requirements of registration.
- The provider had a whistle blowing policy and staff explained when they would use it. Staff told us they felt comfortable raising issues and concerns and were confident they would always be listened to and concerns acted upon.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service. This had been done. This meant people were kept informed of the rating we had given.
- The registered manager told us they were well supported by the provider who was responsive and accessible.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The person living at the home and staff spoke positively about the registered manager. Staff spoke consistently about the service being a good place to work.
- We found that the registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement.

Engaging and involving people using the service, the public and staff

- The provider fully involved the person in reviews of their care and sought regular feedback.
- Staff meetings took place on a regular basis and staff told us suggestions they made were listened to and acted on.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers and health professionals to ensure the service was person centred.